

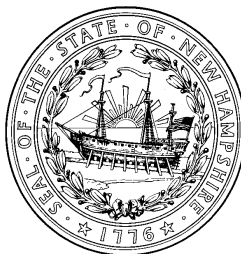
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## New Hampshire Board of Medicine

121 SOUTH FRUIT STREET, CONCORD, NH 03301-2412

Tel. (603) 271-1203 Fax (603) 271-6702

TDD Access: Relay NH 1-800-735-2964

WEB SITE: [www.nh.gov/medicine](http://www.nh.gov/medicine)

# STATE ADDENDUM

**Instructions:** Print out the state addendum. Complete as instructed and mail to:

NEW HAMPSHIRE BOARD OF MEDICINE  
121 SOUTH FRUIT STREET  
CONCORD, NEW HAMPSHIRE 03301-2412

### Other Information

Your application process is not considered complete until your Board application, licensure verification(s), and FCVS Physician Information Profile are received in a manner satisfactory to the Board. The Board will not accelerate processing of one applicant at the expense of others for any reason. Once completed, your application will be reviewed at the first available Board meeting. Please allow 7-10 working days following the Board meeting for your license to be mailed to you.

**Note:** Do **NOT** make commitments to start practicing medicine in New Hampshire until you have been issued a license.

## ADDENDUM TO APPLICATION

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Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions. **If you answer “yes” to any of these questions, please explain on the reverse side of this sheet, or attach an additional 8 ½” x 11” sheet(s) if necessary.**

1. Have you been actively engaged in the practice of clinical medicine within the past 12 months? Yes ☐ No ☐
2. Are you certified by an American Specialty Board? (If yes, provide a notarized copy of all certificates.) Yes ☐ No ☐
3. Have you ever, for any reason, lost American Specialty Board Certification? Yes ☐ No ☐
4. Have you been denied required recertification by any specialty boards? (If yes, list each board and dates denied.) Yes ☐ No ☐
5. Has any medical malpractice suit been brought against you or has any claim been settled on your behalf in the last ten years? (If so, list each suit/claim on the Malpractice Liability Claims Information page within the online Uniform Application.) Yes ☐ No ☐
6. Have you ever applied for licensure or to sit for an examination, or taken an examination, under a different name? Yes ☐ No ☐
7. Have you ever been denied the privilege of taking or finishing an examination or been accused of cheating or improper conduct during an examination since you graduated from high school? Yes ☐ No ☐
8. Have you ever failed any national medical licensure examination or any part of that examination, state board examination, or failed to gain certification from the National Board of Medical Examiners? **You must report all exam failures, even if you later passed the examination.** (This does not include specialty board certification examinations.) Yes ☐ No ☐
9. Have you ever failed a foreign licensing or certification examination? Yes ☐ No ☐
10. Have you ever been denied a medical license, whether full, limited, or temporary, for any reason? Yes ☐ No ☐
11. Have you ever had staff privileges, employment or appointment in a hospital or other health care institution denied, limited, suspended, or revoked, or have you ever resigned from a medical staff in lieu of disciplinary action? Yes ☐ No ☐
12. Is any investigation or disciplinary action pending, or has any investigation or disciplinary action been taken against you in the last ten years by any governmental authority, by any hospital or health care facility, or by any professional medical association (international, national, state, or local)? Yes ☐ No ☐
13. Have you ever voluntarily surrendered a license to practice medicine or any healing art or allowed such a license to lapse in lieu of facing disciplinary investigation or action? Yes ☐ No ☐
14. Have you ever withdrawn an application for licensure, hospital privileges, or appointment for any reason? Yes ☐ No ☐

**Applicant Name** \_\_\_\_\_ **Date** \_\_\_\_\_

15. Have you ever been a defendant in a criminal proceeding including driving while under the influence or driving while suspended, which has not been annulled by a court, but not including traffic offenses not classified as misdemeanors or felonies? Yes ☐ No ☐
16. Has your privilege to possess, dispense, or prescribe controlled substances ever been suspended, revoked, denied, restricted, or surrendered, or have you ever been charged, investigated, or warned by a state or federal agency based on controlled substance issues? Yes ☐ No ☐
17. Have you ever had any physical, emotional, or mental illness which has impaired or would be likely to impair your ability to practice medicine? Yes ☐ No ☐
18. Are you now, or have you, during the past 5 years, been dependent upon alcohol or habituating drugs, or undergone treatment for such? Yes ☐ No ☐

**Anticipated Practice Location(s)** (if known):

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\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Applicant's Printed Last Name**

\_\_\_\_\_  
**Date of Signature**

**For Board Use Only:**

Application Received: \_\_\_\_\_, 20\_\_\_\_ Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_

License Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_